

**SHETEK AREA
WATER
&
SEWER
COMMISSION**

2500 28th Street, PO Box 57
Slayton, MN 56172-0057

MEMBERS:

Jamie Thomazin
30 South Shore Drive
Slayton, MN 56172
(507) 828-3516
fishnshetek@hotmail.com

Donna Kor
82 South Shore Drive
Slayton, MN 56172
(507) 760-0304
shetekor@frontiernet.net

Jon Hoyme
50 South Shore Drive
Slayton, MN 56172
(507) 763-1568
hoymejon@gmail.com

Trevor Humphrey
76 Pleasant View Road
Slayton, MN 56172
(507) 829-7009
Humphreytj@gmail.com

David Maguire
56 Keeley Island Dr
Slayton, MN 56172
(507) 430-2951
david.maguire@unitedcapmn.org

Greg Grant
PO Box 66
Russell, MN 56169
(507) 823-4746

MAINTENANCE:

Dave Brown
(507) 760-0071

Website:
murraycountymn.com/saws

Shetek Area Water and Sewer Commission Agenda- AMENDED

Meeting Date: September 19, 2022

Time: 4:00 p.m.

Location: Meeting Room B
Murray County Gov. Bldg.
Slayton, MN 56172

You may attend in person, listen to the meeting by calling 612-895-1948 (Conference ID: 942437403#), or view the meeting live via Teams. The Teams link can be found on the Murray County home page <https://murraycountymn.com/>.

Agenda:

- A. Call Meeting To Order
- B. Roll Call
- C. Identify any Conflicts of Interest
- D. Approve Agenda
- E. Dominic Jones, Red Rock Rural Water
- F. Approval of Minutes
 - a. August 8, 2022 SAWS Meeting
- G. Treasurer's Report/Cash Flow
 - a. Approval of Invoices
 - b. Approval of Recurring Invoices
- H. Engineer's Report
 - a. Lift Station # 1 quote
- I. Other
 - a. NPDES permit
 - b. Delinquent Sewer Bill update
- J. Set Next Meeting Date
 - a. October 10, 2022 at 4:00 pm
- K. Adjourn

Thank you for your time, interest, and participation.

Permit application checklist for domestic wastewater

NPDES/SDS Permit Program

National Pollutant Discharge Elimination System (NPDES)/
State Disposal System (SDS)

Doc Type: Permit Application

Domestic facilities are those that process wastewater primarily from domestic sanitary sewer sources and may include contributions from commercial and industrial facilities in the service area. These facilities typically include city wastewater treatment facilities and sanitary districts, but also include non-municipal facilities, such as mobile home parks, schools, campgrounds, resorts, and industries that treat their own sanitary waste.

This checklist is intended to help permit applicants determine the correct forms to submit as part of a complete permit application package. The Minnesota Pollution Control Agency (MPCA) will review the application materials for completeness and notify the applicant within 30 business days of receipt whether the application is incomplete or complete enough for processing.

Print or type application: Before submitting an application, make a photocopy of this form and all other application materials for your records. The MPCA will review the application for completeness and provide an official response to the permittees within 30 days of receipt of all necessary application materials.

Permit application assembly: To expedite the processing and review of your application, put this form and any other applicable permit application checklists for other waste types at the beginning of your submittal package. Please place all other application forms in order as listed on pages 2 and 3 of this form. Do not place forms and checklists in an appendix as this makes it difficult and time consuming for staff to locate them.

Completeness instructions: The MPCA will not process an application without properly completed forms. **All sections of required forms must be completed.** If portions do not apply to this facility, please indicate using "n/a" or explain why it doesn't apply. For permit reissuance, all forms information must also be completed in full even if the information requested is not changing from the existing permit. This allows the MPCA to quickly verify that the existing information is correct.

Facility name: Shetek Area Water & Sewer District WWTP

Permit No.: MN0070947

Reason for application (check all that apply): New permit Permit modification Permit reissuance
 Resubmittal of an application determined to be incomplete.
(Include copies of all returned forms with a resubmittal.)

Does this action include construction activities: Construction is proposed as part of the permit action.
 No construction is proposed as part of this permit action.

Form submittal

Submit one (1) copy of the permit application package, including the permit application fee. At least one (1) copy must be a hard copy. The other may be an electronic copy. **The completed form is to be returned to:**

Attn: Fiscal Services – 6th floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Optional: If you know your assigned permit writer, please email the electronic permit application. For reference, permit writer assignments can be located at: <https://www.pca.state.mn.us/water/wastewater-permit-writers>. The hard copy package is still required to be submitted to the address above.

Assistance

If you have any questions regarding the selection of the proper forms or how to complete the required information, contact the MPCA staff assigned to your facility. Staff is assigned by regions and a director of regional staff can be found on the website at: <http://www.pca.state.mn.us/index.php/about-mpca/mpca-overview/agency-structure/mpca-offices/mpca-offices.html>

You may also contact the MPCA at:

- In Metro area 651-296-6300
- Outside Metro area: 800-657-3864
- Email to: askpca@state.mn.us.

MPCA use only
Permit number
Date received (mm/dd/yyyy)

Application forms selection (Check all boxes that apply and include the completed form with the submittal.)

Listed below are application forms and required submittals that may be required for a typical municipal/domestic wastewater treatment facility application. All required forms must be completed in-full and included with the submittal. The MPCA cannot process an application that does not include all of the required application forms. All forms, instructions, and additional information can be found on the MPCA website at <http://www.pca.state.mn.us/enzq915>.

Check all boxes that apply. Include a copy of all completed application forms with the submittal.

	For MPCA use only		
	Received	Incomplete	Complete
<p>Required for all water quality permits</p> <p><input checked="" type="checkbox"/> <i>Transmittal form</i> (wq-wwprm-7-03) http://www.pca.state.mn.us/index.php/view-document.html?gid=6275</p> <p><input checked="" type="checkbox"/> Application fee as specified on the <i>Transmittal form</i></p> <p><input checked="" type="checkbox"/> Certification signature as specified on <i>Transmittal form</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Required for all new permits and modifications with a change in design flow</p> <p><input checked="" type="checkbox"/> <i>MPCA Design Flow and Loading Determination Guidelines for Wastewater Treatment Facilities, Table 2, Worksheet</i> (wq-wwtp5-20) http://www.pca.state.mn.us/index.php/view-document.html?gid=13505</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Major facilities (Major facilities are defined as those with an average wet weather design flow of 1.0 mgd or more)</p> <p><input type="checkbox"/> U.S. Environmental Protection Agency (EPA) NPDES Form 2A Application (22 pages) found on the EPA's website at http://www.epa.gov/npdes/pubs/final2a.pdf</p> <p>Stormwater management for Municipal Major wastewater treatment permit holders (sector coverage only)</p> <p><input type="checkbox"/> <i>Industrial Stormwater Multi-Sector NPDES/SDS Permit application</i> (wq-wwprm7-60a) http://www.pca.state.mn.us/index.php/view-document.html?gid=19364 <i>Instructions for Industrial Stormwater Permit Application Attachment to NPDES/SDS Permit</i> (wq-wwprm7-60b) http://www.pca.state.mn.us/index.php/view-document.html?gid=19368</p> <p>NOTE: The MPCA has changed the way facilities certify as <i>No exposure</i>, permittees with an individual wastewater permit may no longer incorporate a no exposure certification/exclusion into a permit. Individual permittees that qualify for no exposure are required to obtain a no exposure certification through MPCA's e-Services system. Directions to acquire a No exposure exclusion can be found on the MPCA website at https://www.pca.state.mn.us/water/industrial-stormwater.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Discharge to surface water (for major and minor facilities)</p> <p><input checked="" type="checkbox"/> <i>Municipal surface water discharge application</i> (wq-wwprm7-09) http://www.pca.state.mn.us/index.php/view-document.html?gid=6995</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Discharge to land (i.e. spray irrigation, rapid infiltration)</p> <p><input type="checkbox"/> <i>Municipal land discharge application</i> (wq-wwprm7-10) found on the MPCA website at http://www.pca.state.mn.us/index.php/view-document.html?gid=6997</p> <p><input type="checkbox"/> <i>Municipal large subsurface treatment system application</i> (wq-wwprm7-05) http://www.pca.state.mn.us/index.php/view-document.html?gid=7000</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Treatment facilities using stabilization ponds</p> <p><input checked="" type="checkbox"/> <i>Municipal and Industrial pond attachment</i> (wq-wwprm7-11) http://www.pca.state.mn.us/index.php/view-document.html?gid=7002</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Treatment facilities producing biosolids</p> <p><input type="checkbox"/> <i>Municipal biosolids attachment</i> (wq-wwprm7-16) http://www.pca.state.mn.us/index.php/view-document.html?gid=7009</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Additional attachments/applications</p> <p><input type="checkbox"/> <i>Additional station location attachment</i> (wq-wwprm7-49) http://www.pca.state.mn.us/index.php/view-document.html?gid=7049</p> <p><input type="checkbox"/> <i>Additional chemical additives attachment</i> (wq-wwprm7-48) http://www.pca.state.mn.us/index.php/view-document.html?gid=7051</p> <p><input type="checkbox"/> <i>Regulatory certainty application</i> (wq-wwprm1-29a) https://www.pca.state.mn.us/sites/default/files/wq-wwprm1-29a.doc</p> <p><input type="checkbox"/> <i>Variance request form</i> (wq-wwprm2-10b) https://www.pca.state.mn.us/sites/default/files/wq-wwprm2-10b.doc</p> <p><input type="checkbox"/> <i>Chloride variance request form</i> (wq-wwprm2-10e) https://www.pca.state.mn.us/sites/default/files/wq-wwprm2-10e.doc</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Listed below are application forms and required submittals that may be required for a typical municipal/domestic wastewater treatment facility application. All required forms must be completed in-full and included with the submittal. The MPCA cannot process an application that does not include all of the required application forms. All forms, instructions, and additional information can be found on the MPCA website at <http://www.pca.state.mn.us/enzq915>.

Check all boxes that apply. Include a copy of all completed application forms with the submittal.

Supplemental information (This information may be information required on one, or more of the forms listed above, such as a map. A single map that provides all the information required from multiple forms may be acceptable. A separate copy of each form is not required.)

- Topographic map.
- A schematic drawing or treatment process flow diagram showing all treatment components, direction of flow, compliance monitoring station locations, and discharge locations.
- List any additional documents, reports, plans, or attachments included as part of the application package. (Common types of supplemental information may include maps, process flow diagrams, facility plans, engineering reports, plans and specifications, technical checklists and other reports related to the facility or proposed project.)

Other waste types Some facilities may also include other waste types that are not covered by this checklist. Facilities with multiple types of wastes should review the other permit application checklists to determine if additional forms and attachments may be required.

- Permit application checklist for industrial process wastewater (wq-wwprm7-04b)
- Permit application checklist for miscellaneous waste types (wq-wwprm7-04c)
- Permit application checklist for water treatment (wq-wwprm7-04d)

For MPCA use only		
Received	Incomplete	Complete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions on page 6

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form is required for all applicants, except permit termination/transfer.

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

MPCA use only
Permit Number
Date received (mm/dd/yyyy)

Applications that are submitted without an authorized signature, the required application fee, and attachments will be returned. Please make a copy for your records. Send the completed permit application, attachments (*including plans and specifications, if applicable*), and check to:

Attn: Fiscal Services – 6th floor
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Existing permit information

Existing Permittee name: Shetek Area Water & Sewer District WWTP Existing Permit number: MN 0070947

Contact information

1. Facility owner

Organization name: Murray County
Mailing address: 2500 28th Street, PO Box 57
City: Slayton State: MN Zip: 56172
Telephone: 507-836-1152 Fax: _____ Email: hwinter@co.murray.mn.us
Authorized agent: Heidi Winter Title: Auditor/Treasurer

2. Facility operator

Organization name: Shetek Area Water & Sewer Commission
Mailing address: 2500 28th Street, PO Box 57
City: Slayton State: MN Zip: 56172
Telephone: 507-836-1166 Fax: _____ Email: jchristoffels@co.murray.mn.us
Authorized agent: Jean Christoffels Title: Zoning/Environmental Administrator

24-hour Emergency contact backup:

Name: David Brown Phone: 507-760-0071

3. Discharge Monitoring Report contact

Organization name: Murray County
Name: Sarah Soderholm Title: Environmental Technician
Mailing address: 2500 28th Street, PO Box 57
City: Slayton State: MN Zip: 56172
Telephone: 507-836-1165 Fax: _____ Email: ssoderholm@co.murray.mn.us

4. Billing contact

Organization name: Murray County
Name: Heidi Winter Title: Auditor/Treasurer
Mailing address: 2500 28th Street, PO Box 57
City: Slayton State: MN Zip: 56172
Telephone: 507-836-1152 Fax: _____ Email: hwinter@co.murray.mn.us

24-hour Emergency contact backup:

Name: David Brown Phone: 507-760-0071

5. Engineer or Consultant

Organization name: Bolton-Menk, Inc.
Name: Jon D. Peterson Title: Principal Environmental Engineer
Mailing address: 1960 Premier Drive
City: Mankato State: MN Zip: 56001
Telephone: 507-625-4171 Fax: _____ Email: jon.peterson@bolton-menk.com

Certified operator information (if applicable)

Certified operators are required for all municipal facilities and for industrial land application facilities.

6. Main certified operator

Name: David M Brown Title: Maintenance Provider
Certification (check all that apply): A B C D Type IV Type v
Certification number: 55035763 Expiration date: 05-01-2024

7. Other certified operator(s) (attach additional sheets if necessary)

Name: _____ Title: _____
Certification (check all that apply): A B C D Type IV Type v
Certification number: _____ Expiration date: _____

Name: _____ Title: _____
Certification (check all that apply): A B C D Type IV Type v
Certification number: _____ Expiration date: _____

Name: _____ Title: _____
Certification (check all that apply): A B C D Type IV Type v
Certification number: _____ Expiration date: _____

Facility information

8. Facility information (Sand and gravel facilities can skip to #9.)

Facility name: Shetek Area Water & Sewer District WWTP
Street address: 2150 State Highway 30
City/Township: Currie State: MN Zip: 56123
County: Murray

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T 107 N	R 40 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	15	NW	SE
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected
44.071153	-95.629981	NAD83	DOQ	05-20-2013

9. Is the facility located on tribal land? Yes No If yes, also apply to U.S. Environmental Protection Agency (EPA), Region V, John Coletti (312-886-6106).
10. The 1993 Legislature revised the MPCA's responsibilities in Minn. Stat. § 115.03, subd. 1 (e)(10) "Requiring that applicants for wastewater discharge permits evaluate in their applications the potential reuses of the discharged wastewater;"
As a result of this 1993 Law, the MPCA has been charged with requiring permit applicants to evaluate the reuse potential of their wastewater prior to discharge. Therefore, please provide an evaluation below of reuse potential of your wastewater prior to discharge. Some ideas include lawn watering, irrigation of parks or public property, use of cooling tower blowdown for thermal discharges, wetland reclamation, etc.
Treatment ponds are located remote from potential industrial/commercial uses, making re-use unfeasible for these uses.

11. List all environmental permits the facility has received or applied for:
NA

Surface water discharge (Sand and gravel facilities can skip to the application information section.)

12. Does the facility discharge to a surface water of the state? Yes No
If no, the surface water discharge section does not need to be completed.
13. Identify all surface water discharge stations.

Station ID: SD

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T 107 N	R 40 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	16	SE	NE	
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected	
414.069989	-95.060161	NAD83	DOQ	05-20-2013	
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected
Receiving water:		Des Moines River			

Station ID: SD

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T N	R <input type="checkbox"/> E <input type="checkbox"/> W				
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected	
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected
Receiving water:					

Groundwater monitoring wells

14. Are there groundwater monitoring wells at the facility? Yes No
If no, the groundwater monitoring wells section does not need to be completed.
15. Identify all groundwater monitoring well station locations:

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T N	R <input type="checkbox"/> E <input type="checkbox"/> W				
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T N	R <input type="checkbox"/> E <input type="checkbox"/> W				
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station ID: GW

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T N	R <input type="checkbox"/> E <input type="checkbox"/> W				
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected

Station Locations

16. Identify all other permitted station locations not identified above:

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Submittals

- The applicable application and any applicable attachments required by the application.
- Map: attach a U.S. Geological Survey topographical map or similar that indicates the location of the existing or proposed facility, the location of the stations identified above, the receiving water (if applicable) and any additional information required by the applications applicable to your facility.
- Schematic: attach a schematic of the treatment facility that includes all facility components, indicating the direction of wastewater flow and the location of the stations identified above.
- (Industrial facilities only) Flow Diagram or Water Balance Diagram: attach a flow diagram on the process in its entirety from raw water to discharge.
- (Major Municipal facilities only) Facility Description: attach a facility description that describes the collection system and wastewater treatment facility.

Note: Please ensure this form and all applicable applications and attachments are complete. Incomplete applications will be returned. Review your existing NPDES/SDS Permit to ensure all required submittals have been completed. Failure to complete the application for reissuance or failure to complete requirements of the existing permit is considered a violation and may be subject to enforcement.

Application fees

An application fee is required under Minn. Stat. § 116.07, subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). The application fee is determined by the type of permit you are applying for. Please make your check payable to the MPCA.

Indicate which type of permit you are applying for:

(refer to flow chart on page 8 of the instructions to determine the appropriate fee category)

- | | |
|--|---|
| <input type="checkbox"/> Individual Permit Reissuance, no modifications: \$1240 | <input type="checkbox"/> Individual Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Reissuance, modifications: \$2480 | <input type="checkbox"/> Individual Pretreatment Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction: \$2480 | <input type="checkbox"/> Individual Dredge Materials Disposal Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction, increased design flow: \$9300 | <input type="checkbox"/> Individual Stormwater Permit Issuance: \$400 |
| <input type="checkbox"/> Individual Permit Minor Modification: \$1240 | <input type="checkbox"/> Biosolids Treatment or Storage Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Major Modification: \$2480 | <input checked="" type="checkbox"/> General Permit (MNG) Reissuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction: \$2480 | <input type="checkbox"/> General Permit (MNG) Issuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction, increased design flow: \$9300 | <input type="checkbox"/> General Permit (MNG) Modification: \$1240 |

Certification

Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. R. 7001.0060) require all permit applications to be signed as follows:

- A. For a corporation: by a responsible corporate officer. For the purpose of this permit, a responsible corporate officer means: 1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or 2) The manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having a gross annual sales or expenditures exceeding 425 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- C. For a municipality, county or other political subdivision: by a principal executive officer or ranking elected official.
- D. For a state, federal or other public agency/agents: by a commissioner, assistant or deputy commissioner; director, assistant or deputy director.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed name: Donna Kor Title: Shetek Area Water & Sewer District Vice Chair

Authorized signature: _____ Date (mm/dd/yyyy): _____

State tax ID#: 8027057 Federal tax ID#: 41-6005850



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Municipal and Industrial Pond Attachment

NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This attachment applies to municipal and industrial facilities with a pond system (i.e. primary, secondary, polishing, equalization, anaerobic, contaminated runoff, etc.).

Complete the attachment by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

Permittee name: Shetek Area Water & Sewer District WWTP Permit number: MN 0070947

Geology/Hydrogeology Information

1. Provide a description of the soil beneath or in the vicinity of the ponds. Use information from soil surveys or from existing soil borings or well logs if available. (Ex.: 8 feet (ft.) of fine sand underlain by 10 ft. of silty clay.)

1-2 feet of lean clay underlain by 7-10 feet of sandy clay

2. What is the depth below ground surface of the water table at the pond site? 7 ft.

How many feet below ground surface is the bottom of the pond? _____ ft.

3. What is the depth to bedrock at the pond site? <10 ft. 10-20 ft. 20-50 ft. >50 ft.

4. What is the bedrock type (Ex.: limestone, sandstone, etc.)? limestone

5. What is the proximity to the ponds of private water supply wells? < ¼ mile ¼ - 1 mile >1 mile

6. Describe the approximate number, type and depth of private water wells in the general vicinity of the ponds (3 mile radius). (Ex.: most (#?) wells generally drilled to greater than 50 ft., however, several shallow (20 ft.) sand point wells also present.)

40 wells, most of them being 50 to 100 foot plus depth

7. Are the ponds located in a designated Wellhead Protection Area? Yes No

8. Are monitoring wells present at the pond site? Yes No

If yes, please submit a topographic or equivalent map showing well locations with respect to the pond system.

Have any wells shown adverse impacts (Ex.: high nitrate or chloride concentrations)? Yes No

If yes, please describe the adverse impacts: _____

9. What is the proximity to the ponds of any nearby surface waters? (Ex.: Minnesota River located ¼ mile to the north.)

West Fork Des Moines River 1/2 mile to the west

Pond Information

10. Please indicate the types of ponds that are present at the facility. (Check all that apply)

- | | | | |
|---|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> Primary | <input checked="" type="checkbox"/> Secondary | <input type="checkbox"/> Polishing | <input type="checkbox"/> Equalization |
| <input type="checkbox"/> Aerated | <input type="checkbox"/> Anaerobic | <input type="checkbox"/> Cooling | <input type="checkbox"/> Contaminated runoff |
| <input type="checkbox"/> Irrigation holding | <input type="checkbox"/> Ash handling | <input type="checkbox"/> Other: _____ | |

11. Please complete the following table for each pond at the facility.

Pond type	Max operating depth (ft.)	Min operating depth (ft.)	Mean operating depth (ft.)	Acreage at mean operating depth	Days of detention time (design flow)	Year each pond was constructed
Primary	7.5	2		10.7	60	2006
Primary	7.5	2		10.7	60	2006
Secondary	6.8	2.5		10.7	60	2006

12. What is the source of the acreage information in question 11 above? (Ex: as built plans and specs, engineering survey, etc.)
Operation and Maintenance Manual

13. Has the pond system ever been repaired or upgraded? Yes No If yes, what year? _____
 If yes, please describe what the upgrade included: _____

14. Has the pond system ever been dredged? Yes No If yes, what year? _____
 If yes, please describe the method of dredge material disposal: _____

15. What type of pond liner is present? Clay Synthetic/Vinyl Bentonite Other: _____

16. Is the pond system ever operated at a depth so that the freeboard is less than 3 feet? Yes No
 If yes, please describe the situation and identify how often it occurs: _____

17. What is the relationship between current wastewater flows and pond designed hydraulic capacity?
 below capacity at or near capacity above capacity

18. Are there any drain tiles (designed or pre-existing) located in the vicinity of or beneath the pond system? Yes No
 If yes, please submit a topographic or equivalent map showing the drain tile locations and a description of each. (The map and description should include but not be limited to: the drain tile location in relation to the pond system; the drain tile location in relation to the irrigation field [if applicable]; each drain tile discharge location; and, each discharge location station identification code [if applicable].)

19. Please list the calendar month total influent and effluent flow in million gallons for each of the past 12 months (not applicable for municipal facilities).

	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
Influent	2.0	1.83	2.58	3.14	5.2	3.9	4.07	2.9	3.32	2.59	2.31	2.37
Effluent	0	0	0	0	14.0	0	0	0	0	0	16.0	0

20. What is the average annual influent CBOD₅? 120 mg/L

21. Are there known or potential sources of toxic pollutants (metals, Volatile Organic Compounds [VOCs] such as, trichloroethylene, chloroform, methyl tert-butyl ether [MTBE], benzene, etc.)? Yes No
 If yes, please describe: _____

22. Is the pond system located in karst topography? Yes No

If yes and if your facility is listed in the 1993 Administrative Order requiring the preparation of a contingency plan, please ensure your facility has an updated contingency plan on file.

Review the attachment and ensure all requested items are submitted with this attachment.

Please make a copy for your records.

Refer to the *Transmittal Form* for mailing instructions.